DCFS EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT FORM

Complainant:

Address:

Phone: Home or Cell: Office/Location:

Email Address:

Complainant's Job Title:

Respondent:

Address:

Name of Person Against Whom Complaint Is Filed:

Relief Sought:

Charge Basis (check one)

- ☐ Race
- ☐ Sex
- ☐ Color
- ☐ National Origin
- ☐ Disability
- ☐ Religion
- ☐ Age
- ☐ Covered Veteran
- ☐ Genetic Information
- ☐ Political Affiliation (DCFS & state processing only)
- ☐ Other basis (specify):

Date Discrimination Occurred:
(must be within past 300 calendar days)

Detailed Description of Complaint

(may add additional page if necessary)

Witnesses or Contact Persons:

Signature of Complainant

Date